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**WASHINGTON STATE DEPARTMENT OF HEALTH  
COLORECTAL AND PROSTATE CANCER SCREENING  
PROJECT: PRIORITIES FOR INTERVENTION REPORT**

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## Priorities for Intervention

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In this report, we present recommendations for future Comprehensive Cancer Control Partnership interventions to improve colon cancer screening rates and improve rates of informed decision making for prostate cancer screening. These recommendations are based on our key findings from the Washington State Behavioral Risk Factor Surveillance System (BRFSS), our physician knowledge, attitudes, and practices (KAP) survey, and the Guide to Community Preventive Services. The first part of this report addresses recommendations for interventions to increase colon cancer screening. The second part includes recommendations for interventions to increase informed decision making about prostate cancer screening. Within each part, we present our recommendations for intervention followed by a summary of the findings that serve as the basis for these recommendations.

### Colon Cancer Screening

Recommendations. A combination of patient and healthcare provider interventions is needed to significantly increase colon cancer screening rates. Our recommendations for intervention include more provider than patient interventions because healthcare providers are the gatekeepers for colon cancer screening; improving their practices in this area will be necessary to improve screening rates. Interventions with the following goals are recommended:

#### *Provider and System Interventions*

- Improve primary care providers' knowledge of colon cancer screening guidelines for average and high-risk patients, including use of home fecal occult blood test (FOBT) kits rather than in-office FOBT
- Increase primary care providers' discussion of colon cancer and screening tests during office visits; placing colon cancer screening decision aids in clinics
- Increase primary care providers' collection of family history of colon cancer for all patients
- Increase primary care provider follow-up of FOBT kit return; increase use of mechanisms such as telephone reminders to patients to complete their FOBT cards and return them
- Increase primary care provider follow-up of referred colon cancer screening tests; increase use of mechanisms such as making the appointment for the patient
- Implement reminder/cue systems to notify primary care providers when patients are due for colon cancer screening
- Eliminate financial barriers by increasing insurance coverage of colon cancer screening and eliminating co-pays and other out-of-pocket costs
- Measure and provide feedback on provider performance of screening using information from clinical database

#### *Patient and Consumer Interventions*

- Patient reminders to get screened for colon cancer
- Public awareness of colon cancer screening for everyone over 50; encouragement to ask your doctor about colon cancer screening

- Target underserved groups (such as the uninsured, people with low income) for all of the above interventions
  - Promoting public awareness in communities with underserved populations
  - Working with healthcare providers who serve patients who are poor or without health insurance

The following sections summarize our BRFSS analyses, physician KAP survey results, and the Guide to Community Preventive Services' recommendations for improving cancer screening rates. This work provides the basis and justification for the above recommendations.

BRFSS Analyses. We analyzed WA BRFSS data from 2002. In a multivariate analysis adjusting for demographic characteristics such as sex and educational level, we found that several characteristics were significantly associated with being currently screened for colon cancer.

- **Age:** Participants ages 50-64 were less likely to be screened than participants ages 65 and over
- **Race:** American Indians/Alaska Natives and multi-racial participants were less likely to be screened than white and African American participants (these findings should be interpreted with caution due to small numbers of non-white participants in this analysis)
- **Income:** Participants making less than \$20,000/year were less likely to be screened than participants making more than \$50,000/year
- **Insurance status:** Participants without health insurance were less likely to be screened than participants with health insurance
- **Place of residence:** Participants living in small towns and isolated rural areas were less likely to be screened than participants living in urban areas, suburban areas, and large towns
- **Personal doctor:** Participants without a regular health care provider were less likely to be screened than participants with a personal doctor
- **Talked with healthcare provider about screening:** Participants who had never talked with a healthcare provider about colon cancer screening were less likely to be screened than participants who had talked with a healthcare provider about screening

It is clear that people most in need of interventions to promote colon cancer screening are those who (a) are under 65 years of age and (b) have disadvantages in access to health care due to insurance status, income, and place of residence.

In 2002, BRFSS participants were asked the most important reason they had not been screened for colon cancer. The results clearly indicate that most unscreened people are unaware of colon cancer screening.

- 50% said they did not know they needed to be screened
- 29% said their doctor did not tell them to get screened
- 19% indicated that they did not want to be screened, did not have time for screening, or did not go to doctors

- 2% said they could not get screened because they lacked health insurance or it was too expensive

KAP Survey. Physicians who responded to our survey reported that they recommend colon cancer screening to their average-risk patients. FOBT was recommended by 93% of the physicians, and colonoscopy was recommended by 88%. Flexible sigmoidoscopy was recommended by 56% of the physicians. We did find some interesting knowledge gaps in colon cancer screening recommendations. Specifically, of the physicians recommending each test:

- 57% recommended FOBT in agreement with medical guidelines (yearly beginning at age 50)
- 47% recommended flexible sigmoidoscopy in agreement with guidelines (every 5 years beginning at age 50)
- 56% recommended colonoscopy in agreement with guidelines (every 10 years beginning at age 50); obstetrician/gynecologists were less likely to recommend colonoscopy in agreement with guidelines (34%) than family practice (57%) or internal medicine physicians (62%)

We found that 76% of the physicians reported recommending at least one colon cancer screening test in agreement with US Preventive Services Task Force guidelines. Fewer obstetrician/gynecologists met these guidelines (67%) than other specialists (family practice 75%, internal medicine 83%). Significantly fewer obstetrician/gynecologists (65%) rated colon cancer screening as “very important” compared with other specialists (>90%).

We also found evidence that physician practices of following colon cancer screening tests to ensure that they are completed could be improved.

- Only 33% of physicians use any mechanism to encourage/remind patients to return FOBT kits
- 65% reported using any mechanism to ensure that patients completed endoscopy referred to another provider
- In both cases, many physicians reported relatively passive mechanisms such as chart reminders and having test results returned to their office, instead of more active mechanisms such as telephoning the patient or making the appointment for the patient

Many physicians believe that patients are not interested in colon cancer screening, or would actively prefer to avoid it. Most physicians endorsed patient factors such as anxiety about colon cancer tests or fear of finding cancer as barriers to conducting screening. As we have seen from the BRFSS analyses, some patients are unwilling to be screened, but the vast majority of unscreened people cite lack of awareness or physician recommendation as their reason for not being screened for colon cancer. We also found that 65% of physicians collect family history of colon cancer for the majority (75% or more) of their patients. Family history is an important risk factor for colon cancer; physicians need to collect this information in order to identify high-risk patients.

Guide to Community Preventive Services. The Guide to Community Preventive Services' report on improving breast, cervical, and colon cancer screening rates included two interventions with sufficient evidence to recommend them to increase colon cancer screening. These interventions are the removal of structural barriers (improving location, hours of operation, and availability of child care at screening facilities) and client reminders. Other interventions have insufficient evidence to recommend them for improving colon cancer screening rates at this time. However, interventions to increase breast cancer screening rates and use of other clinical preventive services (such as vaccination and tobacco cessation) have been more thoroughly evaluated. The following interventions are recommended for increasing breast cancer screening and may also be effective in increasing colon cancer screening:

- Multi-component interventions using media, education, and enhanced access
- Small media
- Reducing out-of-pocket expenses
- Incentives with client reminders

### **Informed Decision Making and Prostate Cancer Screening**

Recommendations. Informed decision making can happen both inside and outside the context of a physician visit, so we recommend both patient and provider-level interventions to improve informed decision making. We recommend interventions with the following goals.

#### *Provider Interventions*

- Increasing physician discussion of prostate cancer screening risks and benefits with patients
- Increasing physician collection of family history of prostate cancer for all age-appropriate male patients
- Placing effective informed decision making tools and cues in physicians' offices (i.e., pamphlets in waiting rooms, signs in examination rooms with cues to ask the doctor about prostate cancer screening if you're male and over 50, etc.)

#### *Consumer Interventions*

- Distributing effective informed decision making tools in community settings, especially in settings where underserved men gather
- Assessing awareness of prostate cancer screening and prostate cancer knowledge, especially among underserved men

Further Evaluation. There are still a lot of unknowns about informed decision making and prostate cancer screening. Specifically, we do not have data indicating rates of informed decision making in WA, and evaluations of informed decision making rarely give us information about whether the intervention increases men's participation in decision making and making decisions consistent with their values and preferences. To address these limitations, our recommendations include further monitoring of prostate cancer screening awareness and knowledge. We also recommend that evaluations of the interventions include some assessment of men's participation in the decision-making process and/or whether decisions made are consistent with men's values and preferences.

The following sections summarize our BRFSS analyses, physician KAP survey, and the Guide to Community Preventive Services' report on interventions to promote informed decision making. This work provides the basis and justification for the above recommendations.

BRFSS Analyses. The BRFSS does not include any items assessing informed decision making at this time. We analyzed the 2001-2002 data to assess what characteristics are associated with being currently screened for prostate cancer. Unfortunately, these data do not give us information about characteristics associated with making an informed decision about screening for prostate cancer. Further research is needed in order to learn about men's knowledge about prostate cancer screening and participation in informed decision making. The 2006 BRFSS will include new items to assess whether men have discussed prostate cancer screening with their healthcare providers.

KAP Survey. Almost all of the physicians who responded to our survey report that they recommend prostate cancer screening to their average-risk, male patients.

- 90% recommend digital rectal examination (DRE)
- 83% recommend prostate specific antigen (PSA)
- Mean recommended starting age ranged from 45 years (DRE) to 48 years (PSA)
- Many physicians do not stop recommending prostate cancer screening at a given age
  - 37% stop recommending DRE when men are 75 – 80 years old
  - 52% stop recommending PSA when men are 75 – 80 years old

We asked physicians about their practice of informed decision making for prostate cancer screening. 74% said that they “always or almost always” discuss the risks and benefits of the PSA test with their patients. However, very few physicians report using any tools (such as written brochures, videotapes, or websites) to facilitate this discussion.

Physicians were more likely to include some issues about PSA testing in the discussions with patients than others. The following list gives the percentage of physicians reporting they were “very likely” to discuss these issues with their patients.

- 64% discuss the efficacy of PSA in detecting prostate cancer
- 64% discuss the fact that a PSA may prompt further tests
- 57% discuss the fact that prostate cancer may not cause significant morbidity if left untreated
- 55% discuss the efficacy of PSA in reducing mortality from prostate cancer
- 35% discuss the efficacy of treatment options for prostate cancer
- 35% discuss the possible side effects of treatment for prostate cancer
- 30% discuss the anxiety that may occur while waiting for the results of PSA or further tests

These findings indicate that physicians' discussions about prostate cancer screening with patients are likely to only include some of the facts that men need to know in order to make an informed decision about whether to be screened. Physician visits are often brief and sometimes dominated

by acute care concerns, so physicians who rely on verbal counseling to inform their patients may lack the time to have a detailed discussion about all of these issues.

Only 55% of the physicians collect family history of prostate cancer for the majority (75% or more) of their male patients. As having a positive family history of prostate cancer is a risk factor for developing prostate cancer, this information may help physicians and their patients decide whether screening is appropriate.

Guide to Community Preventive Services. The Community Guide conducted a systematic review of informed decision making interventions (most interventions promoted informed decision making about prostate cancer screening). There was good evidence that these interventions have several positive effects, including improving patient knowledge about the disease, accuracy of risk perceptions, and knowledge about the screening test and consequences of the test. There was insufficient evidence to determine whether informed decision making interventions have other important outcomes, such as:

- Increasing participation in decision making at the desired level by the individual
- Leading to decisions that are consistent with the individual's values and preferences

In addition, most of the interventions included in the evaluation had participants who were white and well-educated. Further research is needed to determine whether informed decision making interventions are equally effective for underserved populations. All of these are cited as useful areas for future research in the Community Guide, and it would be particularly helpful to include these components in the evaluation of future informed decision making interventions.

## **Conclusion**

We have collected information about colon cancer and prostate cancer screening rates and intervention strategies from a variety of sources during the past year. The BRFSS, KAP survey, and the Community Guide provide clear recommendations for interventions to improve colon cancer screening rates in Washington. Improving providers' practices for recommending and following colon cancer screening, and increasing patient awareness of colon cancer screening should be effective ways of increasing colon cancer screening rates.

Less is known about informed decision making and prostate cancer screening; in this area we recommend interventions to increase and improve informed decision making interactions between providers and patients. We also recommend assessment of men's prostate cancer screening awareness and knowledge.

We recommend interventions targeting physicians, patients, and the community. This range of interventions will hopefully appeal to a broad range of respondents to the Washington State Comprehensive Cancer Control Program requests for proposals that will be issued during Fall 2005.